



**King County**

King County Records & Licensing Services Division

Office use only:

Case # \_\_\_\_\_

Stamp-in Date: \_\_\_\_\_

## King County Animal Care & Control Report of Complaint or Problem

- Options to submit:**
- **FAX** this form to 206.205.8043
  - **E-mail** completed form to [pets@kingcounty.gov](mailto:pets@kingcounty.gov)
  - **MAIL** this form to: King County Animal Care & Control  
21615 – 64<sup>th</sup> Avenue South, Kent WA 98032
  - **CALL** 206.296.PETS [7387], ext. 24 (8:30-5:30 Mon-Fri)

*Please print or write all information clearly:*

**Reporting Party's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Alt \_\_\_\_\_

**Animal Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Alt \_\_\_\_\_

*Please describe the nature of the complaint or problem, with all pertinent information including dates, times of incident(s), location of violation(s) and names and phone numbers of witnesses. Attach additional pages if needed.*

**Date & time of incident:** \_\_\_\_\_

**Location of violation:** \_\_\_\_\_

**Description of animals involved:** \_\_\_\_\_

**Incident details:** \_\_\_\_\_

*I wish to remain anonymous because I fear that the disclosure of my identity may endanger my life, safety or property or that of others. Yes ☐ No or N/A ☐ I have read this statement and find it to be true and correct:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_